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A group of business professionals in a modern office with large windows. In the foreground, a man in a suit is gesturing while talking to another man. In the background, several other people are looking at a tablet or talking. The office has a glass railing and large windows looking out onto a city.

Healthcare Policy Outlook 2021

HFMA Lone Star Chapter

Richard Gundling, FHFMA, CMA, Senior Vice President, Professional Practice, HFMA

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We made it through 2020



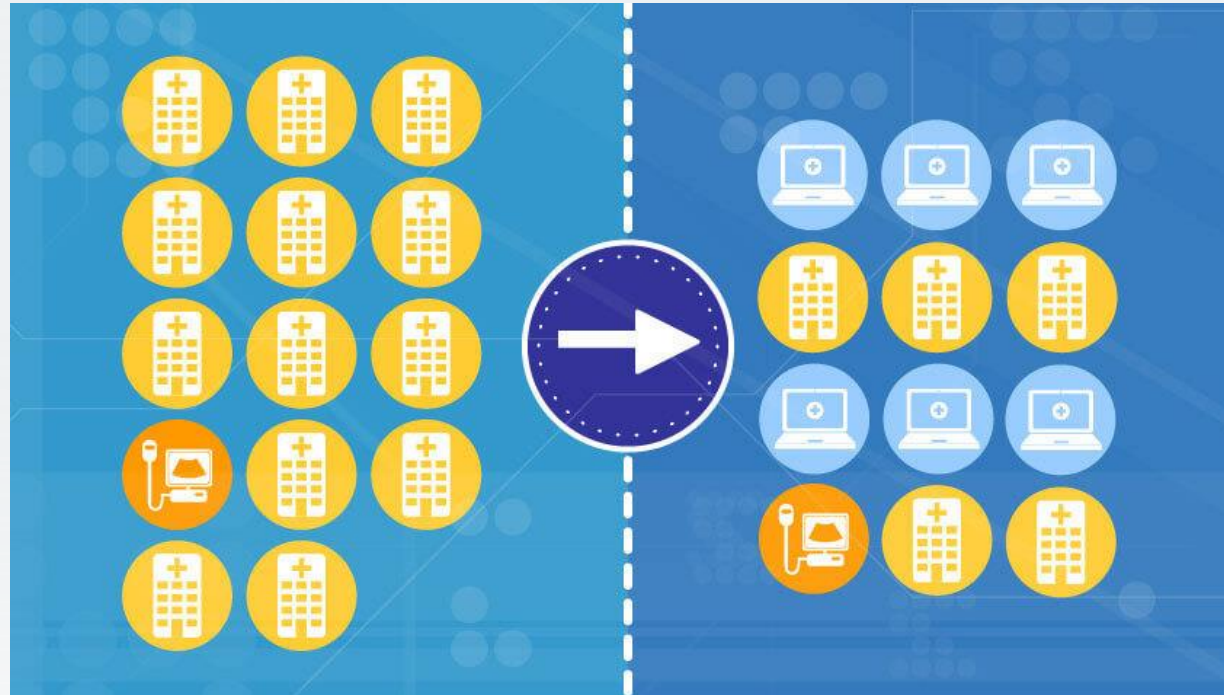
- Emerging stronger
- Health industry looking to right size after a virtual visit explosion

Right sizing

Pandemic generated uneven experiences

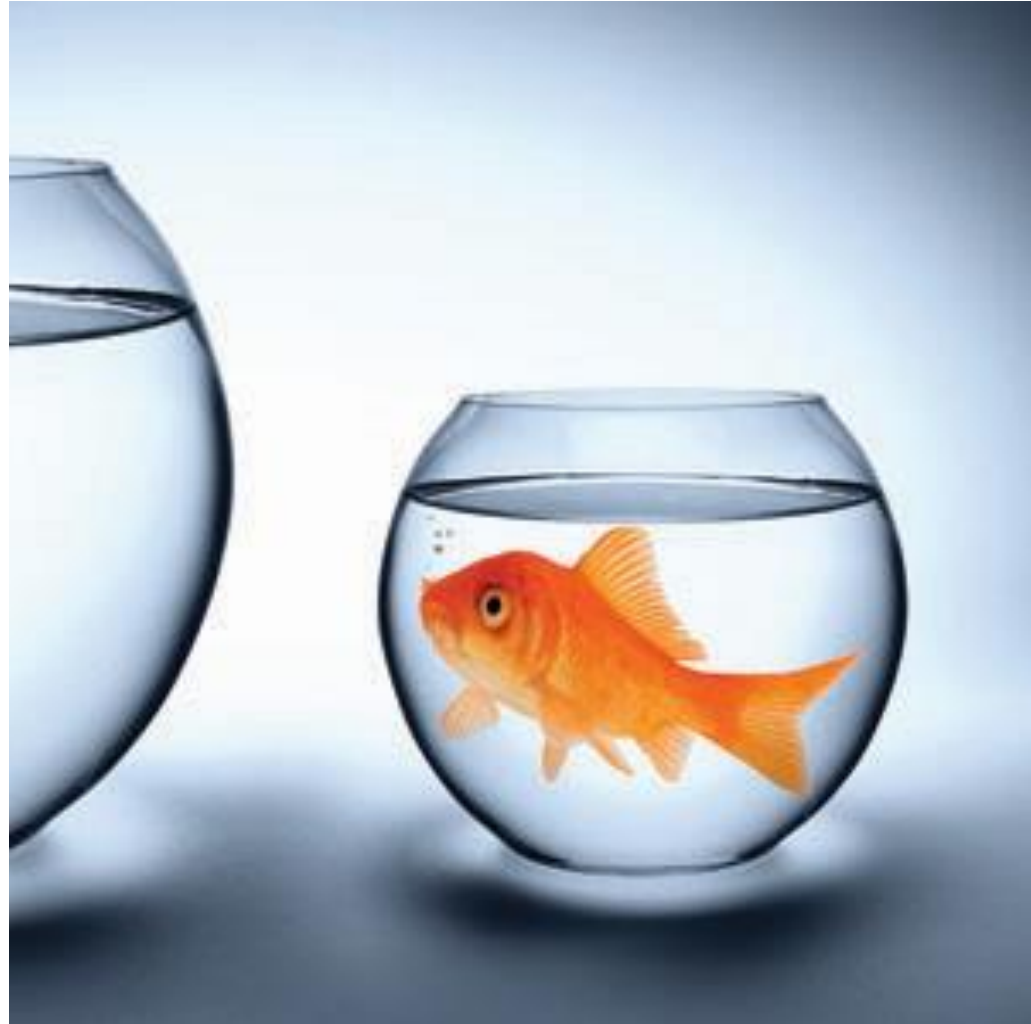
What works well-and not so well-for virtual care

Should pay equal attention to revenue and customer experience



Implications

- Orchestrate care delivery to mitigate payment/reimbursement issues
- Happy clinicians are the best ambassadors for virtual care
- Take care not to create new inequities
- Start planning now for the longer-term strategic issues
- Avoid further fragmenting the health 'ecosystem'



Clinical trials



- Clinical trials are changing forever
- The regulatory process shifted
- Virtual tools transform clinical trials

Implications

- Determine the right studies that can be set up for success in a decentralized trial model
- Set up the operations and infrastructure
- Develop a holistic digital strategy



Digital relationships that ease physician burdens



- Healthcare organizations can achieve efficiency with better digital relationships
- The right digital tools for clinicians can be an opportunity for growth

Implications

- Prioritize clinicians' mental health
- Apply human-centered design
- Go for omnichannel engagement



Healthcare forecasting for an uncertain 2021



- A flight simulator relies on advanced analytics and modeling
- The regional forecast requires community leadership
- Forecasting a better, more equitable health future

Implications

- Develop the right sensors to alert leaders to important shifts ahead
- Reconnect patients to the healthcare system with improved data insights
- Fuel forecasts with real-time, local data that contextualize people's lives
- Convene regional collaborations



Health portfolios reshaped for growth



- Deferred care leaves health plans flush with capital
- Some providers may struggle to survive while others can invest and evolve
- Pharmaceutical sector sees flash of investment in vaccines with sustained interest in pre-pandemic growth areas

Implications

- Insurers and well-positioned providers can advance investments in digital, value-based arrangements and customer experience
- Struggling providers may find deals key to survival in 2021
- Pharmaceutical and life sciences companies continue to eye gene and cell therapy investments and R&D innovation



A supply chain built for long-term health

- The rippling costs of supply chain disruptions
- The industry can take a cue from tech or automakers



Implications

- Prepare and plan for reshoring now
- Collaboration may be key to securing primary and secondary resources
- Consider demand surge contracting
- Advanced analytics can drive transparency and communication



Conclusion



- Winners in 2021 are expected to
- determine how to profitably merge virtual and in-person care,
- weave in the digital tools that improve consumer and clinician relationships while enabling pharmaceutical companies to find their new footing in the blended virtual-physical visit and clinical trials.
- They will strike partnerships that strengthen their portfolios and will rebuild their supply chains.
- The result is likely to lead to more reflective research, more resilient operations, next-generation care delivery and, most importantly, better health for all.

Richard L. Gundling, FHFMA, CMA

As Senior Vice President, Healthcare Financial Practices, Rick Gundling is responsible for overseeing HFMA's technical and content direction, leading the organization's Washington, DC activities, and managing the association's thought leadership efforts. Results of HFMA's policy initiatives have been used by hospitals, rating agencies, regulatory agencies, congressional committees, accounting standard-setting bodies, state hospital organizations, and other government and industry leaders. Rick also serves as staff liaison to the HFMA Principles and Practices Board. He has written extensively on healthcare finance and leadership topics. Rick previously worked at the National Hospital for Orthopaedics and Rehabilitation, Prince William Hospital Corporation, and the Visiting Nurse Association of Northern Virginia. He is a Fellow of HFMA, a Certified Management Accountant, and a member of the Institute of Management Accountants.

Contact Rick at rgundling@hfma.org

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